

Docket No. _____
ICC Office Use Only

VINAKOM, INC., d/b/a VINAKOM COMMUNICATIONS
Application for a certificate of local authority to operate as a
reseller of telecommunications services within the State of
Illinois.

Docket No. 04-0650

**APPLICATION FOR CERTIFICATE TO BECOME A
TELECOMMUNICATIONS CARRIER**
(Use additional sheets as necessary.)

GENERAL

1. Applicant's Name (including d/b/a, if any) VinaKom, Inc. d/b/a VinaKom Communications
FEIN 36-4449137

Address: Street 1365 Wiley Road, Suite 142

City Schaumburg State/Zip Illinois 60173

2. Authority Requested: (Mark all that apply)
- ☐ 13-403 Facilities Based Interexchange
- ☒ 13-404 Resale of Local and/or Interexchange
- ☐ 13-405 Facilities Based Local

3. Request for waivers/variances: In applications for local exchange service authority under Sections 13-404 or 13-405, waivers of Part 710 and of Section 735.180 of Part 735 are generally requested. In applications for interexchange service authority under Sections 13-403 and 13-404, waivers of Part 710 and Part 735 are generally requested. Please indicate which waivers Applicant is requesting and explaining why Applicant is requesting each waiver/variance.

- ☒ Part 710 Uniform System of Accounts for Telecommunications Carriers
- ☒ Part 735 Procedures Governing the Establishment of Credit, Billing, Deposits, Termination of Service and Issuance of Telephone Directories for Local Exchange Telecommunications Carriers in the State of Illinois
- ☒ Section 735.180 Directories
- ☐ Other _____

ILLINOIS
COMMERCE COMMISSION
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CHIEF CLERK'S OFFICE

4. For all applicants requesting local exchange authority under Section 13-404 or Section 13-405, please complete the following:
- (a) the Standard Questions for Applicants Seeking Local Exchange Service Authority found in Appendix A of this document
 - (b) the 9-1-1 Questions for Applicants Seeking Local Exchange Service Authority found in Appendix B of this document;
 - (c) the Financial Questions for Applicants Seeking Local Exchange Service Authority found in Appendix C of this document; and
 - (d) if applicable, the Prepaid Service Questions for Applicants Seeking Local Exchange Service Authority found in Appendix D of this document.

5. In what area of the state does the Applicant propose to provide service?

Applicant intends to provide service throughout the State of Illinois

6. Please attach a sheet designating contact persons to work with Staff on the following:

- (a) issues related to processing this application
- (b) consumer issues
- (c) customer complaint resolution
- (d) technical and service quality issues
- (e) "tariff" and pricing issues
- (f) 9-1-1 issues
- (g) security/law enforcement

Please identify each contact person's (i) name, (ii) title, (iii) mailing address, (iv) telephone number, (v) facsimile number, and (vi) e-mail address.

Attached as Exhibit A

7. Please check type of organization?

- ☐ Individual
☐ Partnership

☒ Corporation

Date corporation was formed 6/12/01

In what state? Illinois

☐ Other (Specify) _____

8. Submit a copy of articles of incorporation/organization and a copy of certificate of authority to transact business in Illinois.

A copy of Applicant's Articles of Incorporation is attached hereto as Exhibit B.

9. List jurisdictions in which Applicant is offering service(s).

Applicant is currently not authorized to provide telecommunication service in any jurisdiction.

10. Has the Applicant, or any principal in Applicant, been denied a Certificate of Service or had its certification revoked or suspended in any jurisdiction in this or another name?

☐ YES (Please provide details)

☒ NO

11. Have there been any complaints or judgements levied against the Applicant in any other jurisdiction?

☐ YES ☒ NO

If YES, describe fully. _____

12. Has Applicant provided service under any other name?

☐ YES ☒ NO

If YES, please list. _____

13. Will the Applicant keep its books and records in Illinois?

☒ YES ☐ NO

If NO, permission pursuant to 83 Ill. Adm Code Part 250 needs to be requested.

MANAGERIAL

14. Please attach evidence of the applicant's managerial and technical resources and ability to provide service. This may be either in narrative form, resumes of key personnel, or a combination of these forms.

Attached as Exhibit C

15. List officers of Applicant.

Ketu Amin	President
Martin Gallo	Director of Sales
Rahul Amin	Director of Communications

16. Does any officer of Applicant have an ownership or other interest in any other entity, which has provided or is currently providing telecommunications services?

☐ YES ☒ NO

If YES, list entity. _____

17. How will Applicant bill for its service(s)? (At a minimum, describe how often the Applicant will bill for service and details of the billing statement.)

Applicant will bill monthly for services with a billing cycle from the 15th of one month to the 14th of the following month. In addition to account and invoice numbers, billing period, previous and current balances—including taxes and surcharges, payment history, and due date, the invoice will include a summary of charges, which will detail total usage, total call duration, and total monthly charges.

18. How does Applicant propose to handle service, billing, and repair complaints? (At a minimum, describe Applicant's internal process for complaint resolution, the complaint escalation process, the timeframe and process by which the customer is notified by Applicant that they may seek assistance from the Commission.)

Attached as Exhibit D.

19. Will personnel be available at Applicant's business office during regular working hours to respond to inquiries about service or billing?

☒ YES ☐ NO

20. What telephone number(s) would a customer use to contact your company?

866-VINAKOM (866-846-2566) or Customer Service: 866-435-7846

21. Will Applicant abide by all Federal and State slamming and cramming laws pursuant to Section 13-902 of the Public Utilities Act and Section 258 of the 1996 Telecommunications Act?

☒ YES ☐ NO

22. Please describe applicant's procedures to prevent slamming and cramming of customers?

Applicant confirms all orders to change service in accordance with one of four verification processes established by the FCC.

23. If granted authority to operate as a local exchange carrier, will the applicant abide by the following 83 Illinois Administrative Code Parts: 705, 710, 720, 725, 730, 732, 735, 755, 756, 757, 770, and 772?

☒ YES ☐ NO (If no, please provide an explanation.)

24. Is Applicant aware that it must file tariffs prior to providing service in Illinois?

☒ YES ☐ NO

FINANCIAL

25. Please attach evidence of Applicant's financial fitness through the submission of its most current income statement and balance sheet, or other appropriate documentation of applicant's financial resources and ability to provide service.

Attached as Exhibit E

TECHNICAL

26. Does Applicant utilize its own equipment and/or facilities?

☐ YES

☒ NO

If YES, please list the facilities Applicant intends to utilize. Also include evidence that Applicant possesses the necessary technical resources to deploy and maintain said facilities:

If NO, which facility provider's services does the Applicant intend to use?

ATX Communications

27. Please describe the nature of service to be provided (e.g., operator services, internet, debit cards, long distance service, data services, local service, prepaid local service).

Applicant seeks authority to provide all forms of telecommunications services including local service, data services, access services, and directory assistance.

28. Will technical personnel be available at all times to assist customers with service problems?

☒ YES

☐ NO.

29. If Applicant intends to provide payphone service, will the equipment utilized comply with FCC requirements and Finding (9) of the Commission Order entered in Docket No. 84-0442 on June 11, 1986, including, but not limited to: (a) touch dialing; (b) access to 9-1-1 and "0" operator dialing without use of a coin; (c) rules governing use of payphones by disabled persons; (d) ability to complete local and long-distance calls; (e) unlimited duration for local calls; and (f) a message explaining the telephone's general operations, dialing instructions for emergency assistance, payphone owner's name, method of reporting service problems and method of receiving credit for faulty calls?

☒ YES

☐ NO.

Respectfully Submitted,

VINAKOM, INC.



Ketu Amin, President

VERIFICATION

This application shall be verified under oath.

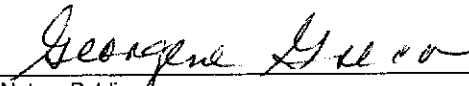
OATH

State of ILLINOIS)
County of COOK) ss

Ketu Amin makes oath and says that he is **President** of **VINAKOM, INC.** that he has examined the foregoing application and that to the best of his knowledge, information, and belief, all statements of fact contained in the said application are true, and the said application is a correct statement of the business and affairs of the above-named applicant in respect to each and every matter set forth therein.


Ketu Amin

Subscribed and sworn to before me, a Notary Public
in the State and County above named, this 6th AUGUST day of ~~March~~ 2004.


Notary Public
My Commission Expires: 9-11-04

